

Renewal Application for Qualified Applicator License

IMPRINT

LICENSE NO.:

Name:
Address:

IMPORTANT – PLEASE READ!!

YOUR LICENSE WILL BE DELAYED IF THE APPLICATION IS INCOMPLETE.

RENEWED

PROBLEM

DATA ENTRY

1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE PRINT ANY NAME/ADDRESS CHANGES IN THE SPACE ABOVE.

2. CONTINUING EDUCATION (CE) HOURS. The CE hour requirement to renew this license is indicated (checked) below. The requirement is based on the number of months that the license has been valid. List the course name(s), I.D. number(s), dates, and hours on the enclosed form (see reverse), or attach an equivalent summary of CE hours completed to this application.

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than 12 months: 0 hours required. | <input type="checkbox"/> Between 12 and 20 months: 10 total hours required, including 2 hours of instruction in laws and regulations | <input type="checkbox"/> More than 20 months: 20 total hours required, including 4 hours of instruction in laws and regulations. |
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3. FEE. Enclose a check/money order/credit card payment for the total amount due, payable to CASHIER, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to: Cashier, Department of Pesticide Regulation, 830 K Street, Sacramento, CA 95814-3510.

The Renewal Fee is non-refundable.

TOTAL FEE (postmark on or before 12/31/00): \$ 60

TOTAL FEE, POSTMARK AFTER 12/31/00: \$ 70

4. SIGN AND DATE the Renewal Application form. The Department requests your Social Security Number (SSN) as an alternate method of applicant identification. This is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Privacy Act of 1974 (PL93-79).

SIGNATURE

TITLE

DATE

SOCIAL SECURITY NUMBER (optional)